

DO/ED BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 719379 RECEIPT DATE: 12 / 11 / 00  
IA NUMBER: PCT/ US99 / 11980 IA FILING DATE: 05 / 28 / 99  
FAMILY NAME: BAKALETZ DELAY WAIVED (Y/N): Y  
GIVEN NAME: LAUREN O DEMAND RECEIVED (Y/N): Y  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 11 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: B45145 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 6102705024  
FAX

NAME: SMITHKLINE BEECHAM CORPORATION

STREET: P O BOX 1539

CITY: KING OF PRUSSIA

STATE/COUNTRY: PA ZIP: 194060939

EMAIL:

APPLICATION TITLES:

VACCINE

TAB TO LAST POSITION, PUSH SEND